



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

JOSE CALDERON, PAC

Respondent Name

BANKERS STANDARD INS CO

MFDR Tracking Number

M4-17-0020-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

SEPTEMBER 2, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Our office submitted a claim to Broadspire by fax on 12/11/15. We received correspondence from Broadspire on 01/08/16 stating the bill could not be processed because they could not identify the claimant. On 01/21/2016 we provided them with a copy of a prior payment as identification. The claim was denied for timely filing on 06/24/16."

Amount in Dispute: \$426.98

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We have reviewed the Medical Dispute and determined that the timely filing limit has expired and therefore no payment is due to the provider. This claim has never been handled by Broadspire, and ESIS has not received these bills to date. This claim was erroneously sent to Broadspire by the provider."

Response Submitted By: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 18, 2015	CPT Code 63047-AS	\$269.96	\$0.00
	CPT Code 63048-AS (X3)	\$52.34/ea	\$0.00
TOTAL		\$426.98	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.

2. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
3. Texas Labor Code §408.0272, effective September 1, 2007, provides for exceptions for timely submission of a claim by a health care provider.
4. The services in dispute were reduced / denied by the respondent with the following reason code:
 - D10-The time limit for filing has expired.
 - P13-Payment reduced or denied based on workers' compensation jurisdictional regulations or payment policies.

Issues

1. Did the requestor support position that the disputed bills were submitted timely?
2. Does the requestor meet the exception for timely filing?

Findings

1. According to the explanation of benefits, the respondent denied reimbursement for the services in dispute based upon reason code "D10-The time limit for filing has expired." The respondent states "We have reviewed the Medical Dispute and determined that the timely filing limit has expired and therefore no payment is due to the provider. This claim has never been handled by Broadspire, and ESIS has not received these bills to date. This claim was erroneously sent to Broadspire by the provider."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

The requestor states "Our office submitted a claim to Broadspire by fax on 12/11/15. We received correspondence from Broadspire on 01/08/16 stating the bill could not be processed because they could not identify the claimant. On 01/21/2016 we provided them with a copy of a prior payment as identification. The claim was denied for timely filing on 06/24/16."

28 Texas Administrative Code §102.4(h), states, "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

The requestor submitted a copy of a report titled "FAX TRANSMITTAL" dated December 11, 2015 that lists claimant's name and asks "Please submit the following billing claim(s) for:" The division reviewed the report and it does not support that the bill was sent. The division finds the requestor did not sufficiently support that the disputed bills were submitted timely in accordance with Texas Labor Code §408.027(a).

2. Texas Labor Code §408.0272(b)(1) states "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

The respondent wrote "This claim has never been handled by Broadspire, and ESIS has not received these bills to date. This claim was erroneously sent to Broadspire by the provider."

A review of the submitted documentation finds no evidence to support that the requestor was ever notified of the correct insurer or that it was ever billed. Even though the requestor was not notified of the correct insurer, they still do not meet the exception because the requestor did not timely file with any insurer. As a result, no reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	3/2/2017
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.